

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8806

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8806

STATE FILE NUMBER

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY

OR TOWN

ST. Louis

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

ALEXIAN BROS.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

31 BENTON PL.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

ASAD

Middle

JOSEPH

Last

4. DATE OF DEATH

Month

Day

Year

Sept 8, 1962

5. SEX

Male

6. COLOR OR RACE

WHITE

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

APR. 15, 1901 61

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

LEBANON, SYRIA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

KALIAL JOSEPH

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

9 SELMA BROWN 5553 LANSLOWNE

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

② CARCINOMA OF PANCREAS 2 MO

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

① CACHEXIA &amp; PANCREATITIS 1 MO

DUE TO (c)

157X

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/13/62 to 9/8/62 and last saw her live on 9/8/62  
Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J D Michael M.D.

22b. ADDRESS

812 Olive St. Louis

22c. DATE SIGNED

9/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

SEPT 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION CEM.

23d. LOCATION (City, town, or county)

ST. Louis Co Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Thomas Ruto 2906 Shawnee

25. DATE RECD. BY LOCAL REG.

9-12-1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Mr. Michael

11-27-90

Armed Hwy 812 Olive  
RM 957  
Arl-4004

Dr. J. J. J.

3651/8

192-9663

until 4 years  
46 years

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

J. G. Humphrey

Licensed Embalmer No.

4772

P. O. Address

2206 Yavapai

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.